


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	James A. Fleming #150479	COURT CASE NUMBER	9:13-CV-3377-DCN-BM
DEFENDANT	Medical Nurse, et al	TYPE OF PROCESS	Civil

SERVE  **AT** {

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
L. Williams

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
4444 Broad River Rd. Columbia SC 29210

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

James A. Fleming #150479
K C I M S U
4344 Broad River Rd
Columbia S.C. 29210

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

6

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

L. Williams is an officer for the SCDC

RECEIVED
2014 FEB 21 PM 12:42
UNITED STATES MARSHALS
COLUMBIA, SC

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

11/22/13

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 71	District to Serve No. 71	Signature of Authorized USMS Deputy or Clerk Brenda Strickland	Date 2/21/14
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

cm Kellett

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time 1:00 am

2/26/14 pm

Signature of U.S. Marshal or Deputy

Service Fee 6500	Total Mileage Charges (including endeavors) -0-	Forwarding Fee	Total Charges 6500	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

1 hr @ 65 = 6500
Mileage on #4

I Declare Under Penalty Of Perjury
That The Foregoing Is True And Correct

Brenda Strickland

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal
on the reverse of this form."

PLAINTIFF	James A Fleming #150479	COURT CASE NUMBER	9:13-CV-3377-DCN-BM
DEFENDANT	Medical Nurse E. Tyler et al	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	E. Tyler ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 4444 Broad River Rd. Columbia S.C. 29210		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

James A. Fleming #150479
K c I M S U
4344 Broad River Rd.
Columbia SC 29210

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	6
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

E. Tyler is an officer for the SCDc

Fold

Signature of Attorney or other Originator requesting service on behalf of:

James A. Fleming

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

11/22/13

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 71	District to Serve No. 71	Signature of Authorized USMS Deputy or Clerk Brenda Strickland	Date 2/21/14
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

cm Kelleff

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

2/26/14

Time 1000 am

pm

Signature of U.S. Marshal or Deputy

Service Fee 65.00	Total Mileage Charges (including endeavors) 1.02	Forwarding Fee	Total Charges 66.02	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

1 hr @ 65 = 65.00
20 miles @ .56 = 11.20/11 = 1.02

I Declare Under Penalty Of Perjury
That The Foregoing Is True And Correct

Brenda Strickland

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.J-5
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PLAINTIFF	<i>James A. Fleming</i>	COURT CASE NUMBER	<i>9:13-CV-3377-DCN-BM</i>
DEFENDANT	<i>Bernard McKie Medical Nurse et al</i>	TYPE OF PROCESS	<i>Civil</i>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Bernard McKie</i> <i>4444 Broad River Rd Columbia S.C. 29210</i>		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

James A. Fleming 150479
K C I M S U
4344 Broad River Rd.
Columbia, S.C. 29210

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

6

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Bernard McKie is a Warden at K C I for SC DC

RECEIVED
 2014 FEB 21 PM 12:22/13
 UNITED STATES MARSHAL
 COLUMBIA, SC

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>71</i>	District to Serve No. <i>71</i>	Signature of Authorized USMS Deputy or Clerk <i>Brenda Strickland</i>	Date <i>2/21/14</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

cm Kellett☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time *1000* am*2/21/14* pm

Signature of U.S. Marshal or Deputy

Service Fee <i>65.00</i>	Total Mileage Charges (including endeavors) <i>1.02</i>	Forwarding Fee	Total Charges <i>66.02</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

1 hr @ \$65 = 65.00
Mileage on #4

I Declare Under Penalty Of Perjury
That The Foregoing Is True And Correct*Brenda Strickland*PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form. J6 B2

PLAINTIFF	James A. Fleming 150479	RECEIVED	COURT CASE NUMBER	9:13-CV-3377-DCN-BM
DEFENDANT	Medical Nurse et al Robert Ward et al	2014 FEB 21 PM 12:42	TYPE OF PROCESS	Civil

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, PARTNERSHIP, OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	UNITED STATES MARSHALS COLUMBIA, SC
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	Robert Ward 4444 Broad River Rd Columbia SC 29210

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
James A. Fleming #150479 K C I M S U 4344 Broad River Rd. Columbia, S.C. 29210	Number of parties to be served in this case	6
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Robert Ward / was the acting director of the SCDC

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

James A. Fleming

N/A

11/22/13

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 71	No. 71	Brenda Strickland	2/21/14

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service
cm Kelleff	2/26/14
	Time 1000 am
	pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
6500	0		6500			

REMARKS:

1 hr @ \$65 = 6500
Mileage on #4I Declare Under Penalty Of Perjury
That The Foregoing Is True And Correct

Brenda Strickland

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)